

EXHIBIT 1

ROSS MILLER
Secretary of State

SCOTT W. ANDERSON
Deputy Secretary
for Commercial Recordings



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4069
Telephone (775) 684-5708
Fax (775) 684-7138

Arlen Adcock
Renew Property Partners, Inc
1651 View Lane
Green Bay, WI 54313

Job: C20140226-1914
February 26, 2014

Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Annual List	20140139404-28	2/26/2014 10:50:30 AM	1	\$125.00	\$125.00
Business License 2/2014-2/2015	20140139404-28	2/26/2014 10:50:30 AM	1	\$200.00	\$200.00
Total					\$325.00

Payments

Type	Description	Amount
Credit	00459E 14022613246451	\$325.00
Total		\$325.00

Credit Balance: \$0.00

Job Contents:

File Stamped Copy(s): 1
Business License(s): 1

Arlen Adcock
Renew Property Partners, Inc
1651 View Lane
Green Bay, WI 54313

Case 3:20-cr-00249-RS Document 144-3 Filed 01/10/25 Page 3 of 52

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS
LICENSE APPLICATION OF:

ENTITY NUMBER

RENEW PROPERTY PARTNERS, INC.

E0094562013-7

NAME OF CORPORATION

FOR THE FILING PERIOD OF FEB, 2014 TO FEB, 2015



100101

USE BLACK INK ONLY - DO NOT HIGHLIGHT

YOU MAY FILE THIS FORM ONLINE AT www.nvsliverflume.gov

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number
	20140139404-28
	Filing Date and Time
	02/26/2014 10:50 AM
	Entity Number
	E0094562013-7

(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: **NRS 76.020 Exemption Codes**
NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.
- ☐ This corporation is a publicly traded corporation. The Central Index Key number is:
- ☐ This publicly traded corporation is not required to have a Central Index Key number.
- 001 - Governmental Entity
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME	TITLE(S)
RALPH WITTE	PRESIDENT (OR EQUIVALENT OF)
ADDRESS	CITY STATE ZIP CODE
1269 APRIL LANE , USA	GREEN BAY WI 54304
NAME	TITLE(S)
ARLEN P ADCOCK	SECRETARY (OR EQUIVALENT OF)
ADDRESS	CITY STATE ZIP CODE
1651 VIEW LANE , USA	GREEN BAY WI 54313
NAME	TITLE(S)
THOMAS M VERBONCOUER	TREASURER (OR EQUIVALENT OF)
ADDRESS	CITY STATE ZIP CODE
N9029 DEBAKER LANE , USA	LUXEMBERG WI 54217
NAME	TITLE(S)
ARLEN P ADCOCK	DIRECTOR
ADDRESS	CITY STATE ZIP CODE
1651 VIEW LANE , USA	GREEN BAY WI 54313

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X ARLEN P ADCOCK

Title	Date
SECRETARY	2/26/2014 10:50:17 AM

Signature of Officer or
Other Authorized Signature

Nevada Secretary of State List Profit
Revised 7-31-13

FBI-PHY3-0035555

EX544-002

RENEW PROPERTY PARTNERS, INC.

E0094562013-7

NAME		TITLE(S)	
RALPH WITTE		DIRECTOR	
ADDRESS	CITY	ST	ZIP
1269 APRIL LANE , USA	GREEN BAY	WI	54304
NAME		TITLE(S)	
THOMAS M VERBONCOUER		DIRECTOR	
ADDRESS	CITY	ST	ZIP
N9029 DEBAKER LANE , USA	LUXEMBERG	WI	54217
NAME		TITLE(S)	
ADDRESS	CITY	ST	ZIP
NAME		TITLE(S)	
ADDRESS	CITY	ST	ZIP
NAME		TITLE(S)	
ADDRESS	CITY	ST	ZIP
NAME		TITLE(S)	
ADDRESS	CITY	ST	ZIP
NAME		TITLE(S)	
ADDRESS	CITY	ST	ZIP
NAME		TITLE(S)	
ADDRESS	CITY	ST	ZIP
NAME		TITLE(S)	
ADDRESS	CITY	ST	ZIP
NAME		TITLE(S)	
ADDRESS	CITY	ST	ZIP
NAME		TITLE(S)	
ADDRESS	CITY	ST	ZIP

AO 110 (Rev. 06/09) Subpoena to Testify Before a Grand Jury

UNITED STATES DISTRICT COURT
for the
Northern District of California

SUBPOENA TO TESTIFY BEFORE A GRAND JURY

TO: Nevada Secretary of State
555 East Washington Avenue, Suite 5200
Las Vegas, NV 89101
Attn: Diana Foley

YOU ARE COMMANDED to appear in this United States district court at the time, date, and place shown below to testify before the court's grand jury. When you arrive, you must remain at the court until the judge or a court officer allows you to leave.

Place: United States District Court
450 Golden Gate Avenue
San Francisco, CA 94102
Grand Jury Room A - 17th Floor

Date and Time:

April 5, 2018 at 9:30 a.m.

You must also bring with you the following documents, electronically stored information, or objects (*blank if not applicable*): Please see Attachment.

Voluntary compliance with this federal grand jury subpoena will be deemed satisfactory and no appearance will be necessary, if the information requested is sent to the agent listed below on or before the date listed above.

Special Agent Katherine E. Ablett
Federal Bureau of Investigation
450 Golden Gate Avenue, 13th Floor
San Francisco, CA 94102
Phone: (415) 558-2558
Email: keablett@fbi.gov

Date: 3/12/2018



CLERK OF COURT

Susan Y. Soong
Signature of Clerk or Deputy Clerk

The name, address, e-mail, and telephone number of the United States attorney, or assistant United States attorney, who requests this subpoena, are:

This subpoena is issued on application of the United States of America

Lloyd Farnham AUSA
450 Golden Gate Avenue
P.O. Box 36055
San Francisco, CA 94102
(415) 436-6973

ALEX G. TSE
Acting United States Attorney

USAO No. 2018R00368-5; GJ 17-3

FBI-PHY3-0035557

EX544-004

AO 110 (Rev. 06/09) Subpoena to Testify Before Grand Jury (Page 2)

PROOF OF SERVICE

This subpoena for *(name of individual or organization)* _____
was received by me on *(date)* _____.

☐ I served the subpoena by delivering a copy to the named person as follows: _____
_____ on *(date)* _____; or

☐ I returned the subpoena unexecuted because: _____

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

2018R00368-5
Nevada Secretary of State

FBI-PHY3-0035558

EX544-005

DECLARATION OF CUSTODIAN OF RECORDS

Pursuant to 28 U.S.C. § 1746, I, the undersigned, hereby declare:

My name is _____
(name of declarant)

I am a United States citizen, and I am over eighteen years of age. I am the custodian of records of the business named below, or I am otherwise qualified as a result of my position with the business named below to make this declaration.

I am in receipt of a United States District Court Grand Jury Subpoena for the Northern District of California, signed by Assistant U.S. Attorney Lloyd Farnham requesting specified records of the business named below. Attached hereto are records responsive to the subpoena. Pursuant to Federal Rule of Evidence 902(11) and Federal Rule of Evidence 803(6), I hereby certify that the records attached hereto:

(1) were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters:

(2) were kept in the course of the regularly conducted business activity; and

(3) were made by the regularly conducted business activity as a regular practice.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____

(signature of declarant)

(name of declarant)

(name of business/firm)

(business address)

Rhonda R. Tuin

From: Diana Foley
Sent: Monday, March 19, 2018 9:36 AM
To: Rhonda R. Tuin
Subject: FW: Grand Jury Subpoena

From: Ablett, Katherine E. (SF) (FBI) <keablett@fbi.gov>
Sent: Thursday, March 15, 2018 4:19 PM
To: Diana Foley <dfoley@sos.nv.gov>
Subject: RE: Grand Jury Subpoena

Diana,

I have the following information:

Robert Charles Harris
DOB: 3/1/1946
SSN: 521-60-2632

Possible address:
564 Wedge Lane
Fernley, NV 89408

Possible phones:
775-575-9258
775-575-5556
888-759-7821

Please let me know if any of this helps.

Thank you,
Kate

From: Diana Foley [<mailto:dfoley@sos.nv.gov>]
Sent: Wednesday, March 14, 2018 3:05 PM
To: Ablett, Katherine E. (SF) (FBI) <keablett@fbi.gov>
Subject: RE: Grand Jury Subpoena

Kate,

Looking at Commercial recordings there are a lot of entities associated with the name of Robert C. Harris. Commercial Recordings does not keep dob or ssn associated with the names- so it is hard to tell which if any are the same Robert C. Harris. Do you have any addresses or other information that would be helpful for us to limit the search?

Diana J. Foley
Deputy Secretary of State for Securities

Office of the Secretary of State Barbara K. Cegavske
Securities Administrator, Nevada Securities Division
555 E. Washington Ave., Ste. 5200
Las Vegas, NV 89101
(702) 486-2440

From: Ablett, Katherine E. (SF) (FBI) [<mailto:keablett@fbi.gov>]
Sent: Wednesday, March 14, 2018 2:38 PM
To: Diana Foley <dfoley@sos.nv.gov>
Subject: RE: Grand Jury Subpoena

Ms. Foley,

I apologize for the phone tag. Please call my cell at your convenience: 415-271-2833.

Thank you,
Kate

SA Katherine E. Ablett
FBI San Francisco
415-558-2558 Desk
415-271-2833 Cell

From: Diana Foley [<mailto:dfoley@sos.nv.gov>]
Sent: Wednesday, March 14, 2018 12:20 PM
To: Ablett, Katherine E. (SF) (FBI) <keablett@fbi.gov>
Subject: Grand Jury Subpoena

Good Afternoon,

This morning I received a grand jury subpoena for investigation #2018R00368-5. I would like to speak with you about what you are seeking. Please call my direct line at 702-486-2461.

Diana J. Foley
Deputy Secretary of State for Securities
Office of the Secretary of State Barbara K. Cegavske
Securities Administrator, Nevada Securities Division
555 E. Washington Ave., Ste. 5200
Las Vegas, NV 89101
(702) 486-2440

Rhonda R. Tuin

From: Diana Foley
Sent: Monday, March 19, 2018 9:36 AM
To: Rhonda R. Tuin
Subject: FW: Grand Jury Subpoena
Attachments: Nevada Sec of State_2018R00368-5.pdf

From: Ablett, Katherine E. (SF) (FBI) <keablett@fbi.gov>
Sent: Friday, March 16, 2018 2:41 PM
To: Diana Foley <dfoley@sos.nv.gov>
Subject: RE: Grand Jury Subpoena

Please see attached. I apologize for any inconvenience.

From: Diana Foley [<mailto:dfoley@sos.nv.gov>]
Sent: Thursday, March 15, 2018 2:24 PM
To: Ablett, Katherine E. (SF) (FBI) <keablett@fbi.gov>
Cc: Kim C. Perondi <kperondi@sos.nv.gov>
Subject: RE: Grand Jury Subpoena

Kate,

Just a note – the body of the subpoena references Tesla Employment – which I understand is a typo.....are you going to revise and resend?

Diana J. Foley
Deputy Secretary of State for Securities
Office of the Secretary of State Barbara K. Cegavske
Securities Administrator, Nevada Securities Division
555 E. Washington Ave., Ste. 5200
Las Vegas, NV 89101
(702) 486-2440



U.S. Department of Justice

United States Attorney
Northern District of California

11th Floor, Federal Building
450 Golden Gate Avenue, Box 36055
San Francisco, California 94102

(415) 436-7200

FAX: (415) 436-7234

March 12, 2018

Nevada Secretary of State
555 East Washington Avenue, Suite 5200
Las Vegas, NV 89101
Attn: Diana Foley

Re: Grand Jury Subpoena Investigation #2018R00368-5

Dear Sir/Madam:


You have received a grand jury subpoena duces tecum in connection with the above-numbered grand jury investigation. The subpoena has been issued in furtherance of that investigation.

This letter is written to advise you that disclosure of the subpoena and your response to it to any of your subscribers or any third parties may impede or obstruct the investigation. Therefore, we ask you not to disclose the existence of the subpoena or the nature of your response to it to any subscriber or person not employed by you for the indefinite future.

If you have any questions about this request, please contact me at (415) 436-6973.

Very truly yours,

ALEX G. TSE
Acting United States Attorney


LLOYD FARNHAM
Assistant United States Attorney

ATTACHMENT

To: Nevada Secretary of State
555 East Washington Avenue
Suite 5200
Las Vegas, NV 89101
Attn: Diana Foley

For the time period January 1, 2014 to the present, please provide any and all information for the following entities and individuals:

NAC Foundation (Entity Number: E0078382014-6)

National AtenCoin Foundation

Aten BlackGold Coin aka Black Gold Coin

Atencoin

AML Bitcoin

Andrade Investment Group LLC

Bright Energy Inc.

Global Algae Royalties aka GAR

BioGreen International, Inc.

Rowland Marcus Andrade
Date of Birth: April 1, 1978
Social Security Number: 460-89-0110

Japheth Aaron Dillman
Date of Birth: April 13, 1978
Social Security Number: 339-80-1338

Marco Di Adamo
Date of Birth: July 30, 1973
Social Security Number: 493-97-2350

David Brendon Mata
Date of Birth: June 27, 1979
Social Security Number: 530-23-1167

Brian Darrow
Date of Birth: July 11, 1966
Social Security Number: 382-70-0304

Robert C. Harris
Date of Birth: March 1, 1946
Social Security Number: 521-60-2632

Please provide the records in an electronic format to kcablett@fbi.gov.

Documents not in electronic format should be forwarded directly to the Special Agent listed below on or before the return date of this subpoena if you wish to comply voluntarily rather than appearing before the grand jury. Should you have any questions regarding this matter, please contact Special Agent Katherine E. Ablett, telephone 415-558-2558.

Documents should be forwarded directly to:

**Federal Bureau of Investigation
Attn: Special Agent Katherine E. Ablett
450 Golden Gate Avenue, 13th Floor
San Francisco, CA 94102
Tel: 415-558-2558
Fax: 415-271-2833**

BARBARA K. CEGAVSKE
Secretary of State

STATE OF NEVADA

SCOTT W. ANDERSON
Chief Deputy Secretary of State

GAIL J. ANDERSON
Deputy Secretary for Southern Nevada

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

CADENCE MATIJEVICH
Deputy Secretary for Operations

WAYNE THORLEY
Deputy Secretary for Elections



**OFFICE OF THE
SECRETARY OF STATE**

April 2, 2018

Special Agent Katherine E. Ablett
Federal Bureau of Investigation
450 Golden Gate Avenue, 13th Floor
San Francisco, CA 94102

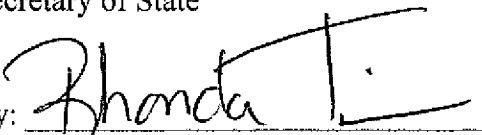
Dear Katherine E. Ablett

Enclosed please find Certified Copies of the requested documents on the attached Subpoena; Case No. A-17-758150 for the United States District Court for the Northern District of California due April 5, 2018. Please note that there were no records found for National Atencoin Foundation, Aten Blackgold Coin aka Black Gold Coin, Atencoin, Aml Bitcoin, Andrade Investment Group LLC, Bright Energy Inc. Global Algae Royalties aka Gar, Biogreen International, Inc., Rowland Marcus Andrade, Japheth Aaron Dillman, Marco Di Adamo, David Brendon Mata, Brian Darrow.

Please feel free to contact me at (775) 684-5708 if I can be of further assistance.

Respectfully,

Barbara K. Cegavske
Secretary of State

By: 

Rhonda Tuin
Administrative Assistant III
Commercial Recordings

NEVADA STATE CAPITOL
101 N. Carson Street, Suite 3
Carson City, Nevada 89701-3714

MEYERS ANNEX
COMMERCIAL RECORDINGS
202 N. Carson Street
Carson City, Nevada 89701-4201

LAS VEGAS OFFICE
555 E. Washington Avenue, Suite 5200
Las Vegas, Nevada 89101-1090

nvsos.gov

FBI-PHY3-0035566

EX544-013

BARBARA K. CEGAUSKE
Secretary of State

STATE OF NEVADA

SCOTT W. ANDERSON
Chief Deputy Secretary of State

GAIL J. ANDERSON
Deputy Secretary for Southern Nevada

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

CADENCE MATIJEVICH
Deputy Secretary for Operations

WAYNE THORLEY
Deputy Secretary for Elections



**OFFICE OF THE
SECRETARY OF STATE**

Affidavit of Kimberley Perondi

State of Nevada

Carson City

I, Kimberley Perondi, after being first duly sworn, depose and state under the penalty of perjury:

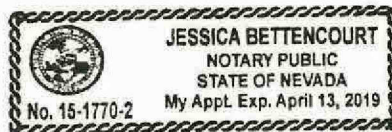
1. I am the Deputy Secretary for Commercial Recordings, and as such, I have authority to certify records from the Commercial Recordings Division of the Secretary of State's office.
2. To the best of my knowledge, information and belief, based upon due diligence and reasonable inquiry, the documents herewith constitute all the requested documents and records on file in the office of the Secretary of State. An employee of the Secretary of State under my direction has certified said documents.
3. The documents submitted, pursuant to this Subpoena, Case No. 14-CR-399 (S-1) (ENV) for the United States District Court for the Eastern District of New York dated March 29, 2018 due April 5, 2018.
 1. Documents on file regarding NPNC Management LLC
Entity No. E0202592005-2
 2. Documents on file regarding Robert C. Harris, as Registered
Agent, Officer, Member, or Manager. (Provided On Flash Drive)



Kimberley Perondi

State of Nevada

County of Carson

Subscribed and sworn before me
this 2nd day of April 2018
by Kimberley Perondi.




Notary Public

NEVADA STATE CAPITOL
101 N. Carson Street, Suite 3
Carson City, Nevada 89701-3714

MEYERS ANNEX
COMMERCIAL RECORDINGS
202 N. Carson Street
Carson City, Nevada 89701-4201

LAS VEGAS OFFICE
555 E. Washington Avenue, Suite 5200
Las Vegas, Nevada 89101-1090

nvsos.gov

FBI-PHY3-0035567

EX544-014

NOTE: We've collected the available job PDFs (3,001) for all filings for all entities that have or have had an RA or an Officer with any of the following names:

Robert C. Harris

Robert Harris

Rob Harris

Rob C. Harris

The vast majority of these are for Robert C. Harris in Fernley.

NAC FOUNDATION, LLC

Business Entity Information

Status:	Active	File Date:	2/13/2014
Type:	Domestic Limited-Liability Company	Entity Number:	E0078382014-6
Qualifying State:	NV	List of Officers Due:	2/28/2019
Managed By:	Managers	Expiration Date:	
NV Business ID:	NV20141104310	Business License Exp:	2/28/2019

Additional Information

Central Index Key:	
--------------------	--

Registered Agent Information

Name:	DAVID SALMON & ASSOCIATES, INC.	Address 1:	7495 W AZURE DR STE 224
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89130
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

Financial Information

No Par Share Count:	0	Capital Amount:	\$ 0
No stock records found for this company			

☒ Officers

☐ Include Inactive Officers

Manager - MARCUS ANDRADE			
Address 1:	7495 W. AZURE DR. STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89130	Country:	
Status:	Active	Email:	

☒ Actions\Amendments

Action Type:	Articles of Organization		
Document Number:	20140108758-46	# of Pages:	1
File Date:	2/13/2014	Effective Date:	

(No notes for this action)			
Action Type:	Initial List		
Document Number:	20140232149-08	# of Pages:	1
File Date:	3/29/2014	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20150091878-41	# of Pages:	1
File Date:	2/27/2015	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20160063760-61	# of Pages:	1
File Date:	2/11/2016	Effective Date:	
2016-2017			
Action Type:	Annual List		
Document Number:	20170332156-70	# of Pages:	1
File Date:	8/2/2017	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20180110347-07	# of Pages:	1
File Date:	3/9/2018	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Change		
Document Number:	20180113550-36	# of Pages:	1
File Date:	3/12/2018	Effective Date:	
(No notes for this action)			

STATE OF NEVADA
Secretary of State
I hereby certify that this is a true and
complete copy of the document as filed
in this office.

APR 02 2018

Barbara K. Capomuto
Barbara K. Capomuto
by *Rhonda*

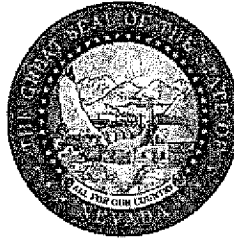
FBI-PHY3-0035571

EX544-018

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings



Commercial Recordings Division

202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

OFFICE OF THE
SECRETARY OF STATE

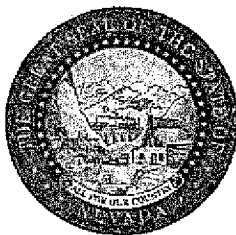
Certified Copy

April 2, 2018

Job Number: C20180402-0216
Reference Number: 00010937564-85
Expedite:
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20140108758-46	Articles of Organization	1 Pages/1 Copies
20140232149-08	Initial List	1 Pages/1 Copies
20150091878-41	Annual List	1 Pages/1 Copies
20160063760-61	Annual List	1 Pages/1 Copies
20170332156-70	Annual List	1 Pages/1 Copies
20180110347-07	Annual List	1 Pages/1 Copies
20180113550-36	Registered Agent Change	1 Pages/1 Copies



Respectfully,

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Rhonda Tuin
Certificate Number: C20180402-0216

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

FBI-PHY3-0035572

EX544-019



050104



ROSS MILLER
Secretary of State
204 North Carson Street, Suite 4
Carson City, Nevada 89701-4520
(775) 684-5708
Website: www.nvsos.gov

Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20140108758-46 Filing Date and Time 02/13/2014 2:06 PM Entity Number E0078382014-6
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(This document was filed electronically.)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	NAC FOUNDATION, LLC		Check box if a Series Limited-Liability Company <input type="checkbox"/>	Check box if a Restricted Limited-Liability Company <input type="checkbox"/>
2. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: ROBERT C. HARRIS Name <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity Street Address City Nevada Zip Code Mailing Address (if different from street address) City Nevada Zip Code			
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual):			
4. Management: (required)	Company shall be managed by: <input checked="" type="checkbox"/> Manager(s) OR <input type="checkbox"/> Member(s) (check only one box)			
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) ROWLAND ANDRADE Name 564 WEDGE LANE FERNLEY NV 89408 Street Address City State Zip Code 2) Name Street Address City State Zip Code 3) Name Street Address City State Zip Code			
6. Effective Date and Time: (optional)	Effective Date: Effective Time:			
7. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. ROBERT C. HARRIS Name 564 WEDGE LN. FERNLEY NV 89408 Address City State Zip Code X ROBERT C. HARRIS Organizer Signature			
8. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. X ROBERT C. HARRIS Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity 2/13/2014 Date			

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 86 D.L.L.C Articles
Revised: 7-26-13

FBI-PHY3-0035573

EX544-020

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE
BUSINESS LICENSE APPLICATION OF:

NAC FOUNDATION, LLC

ENTITY NUMBER

E0078382014-6

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF

FEB, 2014

TO

FEB, 2015

USE BLACK INK ONLY - DO NOT HIGHLIGHT

YOU MAY FILE THIS FORM ONLINE AT www.nvsliverflume.gov☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT:** Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A **Manager, or if none, a Managing Member** of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee of \$2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: **NOTE:** If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.**NRS 76.020 Exemption Codes**

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NAME MARCUS ANDRADE	MANAGER OR MANAGING MEMBER		
ADDRESS 564 WEDGE LN , USA	CITY FERNLEY	STATE NV	ZIP CODE 89408-9408

NAME 	MANAGER OR MANAGING MEMBER		
ADDRESS 	CITY 	STATE 	ZIP CODE

NAME 	MANAGER OR MANAGING MEMBER		
ADDRESS 	CITY 	STATE 	ZIP CODE

NAME 	MANAGER OR MANAGING MEMBER		
ADDRESS 	CITY 	STATE 	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X MARCUS ANDRADE

Signature of Manager, Managing Member or
Other Authorized Signature

Title

MEMBER

Date

3/29/2014 5:49:52 PM

Nevada Secretary of State List Man or Mem
Revised: 8-8-13

FBI-PHY3-0035574

EX544-021

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE
BUSINESS LICENSE APPLICATION OF:

NAC FOUNDATION, LLC

ENTITY NUMBER

E0078382014-6

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF

FEB, 2015

TO

FEB, 2016

USE BLACK INK ONLY - DO NOT HIGHLIGHT

YOU MAY FILE THIS FORM ONLINE AT www.nvsliverflume.gov☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT:** Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: **NOTE:** If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.**NRS 76.020 Exemption Codes**

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NAME MARCUS ANDRADE	MANAGER OR MANAGING MEMBER		
ADDRESS 564 WEDGE LN , USA	CITY FERNLEY	STATE NV	ZIP CODE 89408-9408
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X ROBERT HARRIS

Title

RA

Date

2/27/2015 12:50:43 PM

**Signature of Manager, Managing Member or
Other Authorized Signature**Nevada Secretary of State List Man or Mem
Revised: 1-5-15

FBI-PHY3-0035575

EX544-022

NAC FOUNDATION, LLC

NAME OF LIMITED-LIABILITY COMPANY

E0078382014-6

ENTITY NUMBER

FOR THE FILING PERIOD OF 2016 TO 2017. DUE BY 2/29/2016

USE BLACK INK ONLY - DO NOT HIGHLIGHT

YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov

- ☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form

1. Print or type names and addresses, either residence or business, for all managers or managing members. A Manager, or if none, Managing Member of the LLC or other person authorized by the LLC must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
2. If there are additional managers or managing members, attach a list of them to this form.
3. Annual list fee is \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State Business License fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20160063760-61 Filing Date and Time 02/11/2016 9:50 AM Entity Number E0078382014-6
--	--

ABOVE SPACE IS FOR OFFICE USE ONLY

ANNUAL LIST FILING FEE: \$150.00

LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

- ☐ Pursuant to NRS, this entity is exempt from the business license fee. Exemption Code:

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NRS 76.020 Exemption Codes

- 001 - Governmental Entity
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

MARCUS ANDRADE

NAME:

MANAGER OR MANAGING MEMBER

564 WEDGE LN

ADDRESS:

FERNLEY

CITY:

NV

STATE:

89408-9408

ZIP:

NAME:

MANAGER OR MANAGING MEMBER

ADDRESS:

CITY:

STATE:

ZIP:

NAME:

MANAGER OR MANAGING MEMBER

ADDRESS:

CITY:

STATE:

ZIP:

NAME:

MANAGER OR MANAGING MEMBER

ADDRESS:

CITY:

STATE:

ZIP:

NAME:

MANAGER OR MANAGING MEMBER

ADDRESS:

CITY:

STATE:

ZIP:

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

-DocuSigned by:

Marcus Andrade

Managing Member

Date: 2/5/2016

-Signature of Manager, Managing Member
or Other Authorized Signature

Nevada Secretary of State List Man or Mem
Revised: 7-1-15

FBI-PHY3-0035576

EX544-023

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE
BUSINESS LICENSE APPLICATION OF:

NAC FOUNDATION, LLC

NAME OF LIMITED-LIABILITY COMPANY

ENTITY NUMBER

E0078382014-6

FOR THE FILING PERIOD OF

FEB, 2017

TO

FEB, 2018

USE BLACK INK ONLY - DO NOT HIGHLIGHT

YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov

- ☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$150.00 LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NRS 76.020 Exemption Codes

001 - Governmental Entity

006 - NRS 680B.020 Insurance Co.

NAME

MARCUS ANDRADE

MANAGER OR MANAGING MEMBER

ADDRESS

564 WEDGE LN

CITY

FERNLEY

STATE

NV

ZIP CODE

89408-9408

NAME

MANAGER OR MANAGING MEMBER

ADDRESS

CITY

STATE

ZIP CODE

NAME

MANAGER OR MANAGING MEMBER

ADDRESS

CITY

STATE

ZIP CODE

NAME

MANAGER OR MANAGING MEMBER

ADDRESS

CITY

STATE

ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X ROBERT HARRIS

Title

RA

Date

8/2/2017 1:13:13 PM

Signature of Manager, Managing Member or
Other Authorized SignatureNevada Secretary of State List ManorMem
Revised: 7-1-15

FBI-PHY3-0035577

EX544-024

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

NAC FOUNDATION, LLC

NAME OF LIMITED-LIABILITY COMPANY

ENTITY NUMBER

E0078382014-6

FOR THE FILING PERIOD OF

FEB, 2018

TO

FEB, 2019

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

- ☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 884-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$150.00 LATE PENALTY: \$75.00 (if filing late)**BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)****CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NRS 76.020 Exemption Codes

- 001 - Governmental Entity
006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME MARCUS ANDRADE		MANAGER OR MANAGING MEMBER	
ADDRESS 7495 W. AZURE DR. STE 110	CITY LAS VEGAS	STATE NV	ZIP CODE 89130
NAME		MANAGER OR MANAGING MEMBER	
ADDRESS	CITY	STATE	ZIP CODE
NAME		MANAGER OR MANAGING MEMBER	
ADDRESS	CITY	STATE	ZIP CODE
NAME		MANAGER OR MANAGING MEMBER	
ADDRESS	CITY	STATE	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X MARCUS ANDRADE

Title

MANAGER

Date

3/9/2018 9:32:08 AM

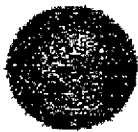
Signature of Manager, Managing Member or
Other Authorized Signature

Nevada Secretary of State List Manor/Mem
Revised: 7-1-17

FBI-PHY3-0035578

EX544-025

From: unknown Page: 4/4 Date: 3/12/2018 12:29:22 PM



ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-6703
Website: www.nvsos.gov



181002

Statement of Change of Registered Agent by Represented Entity

(PURSUANT TO NRS 77.340)

This form may be submitted by: the Represented Entity to appoint a new Registered Agent or amend own service of process info. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Filed in the office of <i>Barbara K. Cegavske</i>	Document Number 20180113550-36
Barbara K. Cegavske Secretary of State State of Nevada	Filing Date and Time 03/12/2018 12:20 PM
	Entity Number E0078382014-6

1. Name of Represented Entity:

NAC Foundation, LLC

2. Entity File Number: E0078382014-6

3. This statement of change will have the following effect: (check only one)

- ☒ Appoints a new agent for service of process (complete 4a or 4b)
☐ Updates contact information of the Represented Entity acting as own agent (complete 4c)

4. Information in effect upon the filing of this statement: (complete only one section)

a) Commercial Registered Agent:

David Salmon & Associates, Inc.

Name

b) Noncommercial Registered Agent:

Name

Street Address

City

Nevada

Zip Code

Mailing Address (if different from street address)

City

Nevada

Zip Code

c) Title of Office or Other Position within Represented Entity:

Manager

Name of Title or Position

7495 W. Azure Drive Suite 110

Las Vegas

Nevada

89130

Street Address

City

Nevada

Zip Code

Mailing Address (if different from street address)

City

Zip Code

5. Signature of Represented Entity: (required)

X *[Signature]*

Authorized Signature

3-6-18

Date

6. Registered Agent Acceptance: (required)

I hereby accept appointment as Registered Agent for the above named Entity.

X *[Signature]*

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

3-12-18

Date

FEE: \$60.00

This form must be accompanied by appropriate fees.

Nevada Secretary of State Form RA Change by Entity
Effective 8-13-10

FBI-PHY3-0035579

EX544-026



Texas Comptroller of Public Accounts

132821599

APRIL 17, 2015

TREASURY WARRANT NO.

132821599

041615 0001 312 23125417 1XXXXX00225 001
PAYING AGENCY: 512-305-8300 STATE SECURITIES BOARD

PAY THIRTY SIX DOLLARS AND 00/100

\$36.00

TO NEVADA SECRETARY OF STATE
204 N CARSON ST STE 2
CARSON CITY, NV 89701-4520

VOID AFTER
08/31/2017

⑈304⑈ ⑆114900164⑆ ⑈132821599⑈



STATE OF NEVADA
Secretary of State
I hereby certify that this is a true and
complete copy of the document as filed
in this office

APR 02 2018

Barbara K. Cogswell
Barbara K. Cogswell

By

Phonetic

FBI-PHY3-0035581

EX544-028



BARBARA K. CEGAUSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov



230105

ePayment Checklist

(For Counter, Fax and Mail Requests)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Service Type:



Counter



Mail



Fax

Order Processing Requested:

(Expedite Processing Requires Additional Fees)



Regular Processing



24-HOUR Expedite



2-HOUR Expedite



1-HOUR Expedite

Payment by Card (card holder name and billing address required below)

Card Type:



VISA



MasterCard



Discover



American Express

Customer Credit Card Number:

V CODE*

5	5	7	2	8	1	1	0	3	4	9	7	2	1	1	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

2	9	5	
---	---	---	--

* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date:

Month

July

Year

2017

Amount to Charge Card: USD \$

262

Order Information (required)

Entity Name/Order Reference: NAC Foundation, LLC

Card Holder Information:

Name as it Appears on the Account

NAC Foundation, LLC

Billing Address

564 Wedge Lane

City, State, Zip

Fernley, NV 89130

Telephone

361-244-0156

Payment Authorization

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

Authorized Signature

Not to Exceed Amount: USD \$

300

Nevada Secretary of State ePayment Checklist
Revised: 1-5-15

FBI-PHY3-0035582

EX544-029

STATE OF NEVADA
Secretary of State
I hereby certify that this is a true and
complete copy of the document as filed
in this office

APR 02 2018

Barbara K. Caparelli
Barbara K. Caparelli
3y *[Signature]*

FBI-PHY3-0035583

EX544-030



230104



ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

ePayment Checklist

(For Counter, Fax and Mail Requests)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Service Type: ☐ Counter ☐ Mail ☒ Fax

Order Processing Requested: (Expedite Processing Requires Additional Fees)

☒ Regular Processing ☐ 24-HOUR Expedite ☐ 2-HOUR Expedite ☐ 1-HOUR Expedite

Payment by Card (card holder name and billing address required below)

Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Customer Credit Card Number:

V CODE*

5	5	2	8	1	5	0	0	1	9	1	1	4	6	0	7
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

5	9	4
---	---	---

* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards.
4-digit number found on the front right side of American Express card.

NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month Year

Amount to Charge Card: USD \$

Order Information (required)

Entity Name/Order Reference:

Card Holder Information:

Name as it Appears on the Account

Billing Address

City, State, Zip

Telephone

Payment Authorization

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s).

☒ Sheila R Sneed
Authorized Signature

Not to Exceed Amount: USD \$

Nevada Secretary of State ePayment Checklist
Revised: 11-19-10

FBI-PHY3-0035584

EX544-031

STATE OF NEVADA
Secretary of State
I hereby certify that this is a true and
complete copy of the document as filed
in this office

APR 02 2018


Barbara K. Copavale
by 

FBI-PHY3-0035585

EX544-032



BARBARA K. CEGAUSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov



230605

Copies Order Form

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Order Processing Requested:

(Expedite Processing Requires Additional Fees)

☐ Regular Processing

☒ 24-HOUR Expedite
(\$125.00 additional fee)

☐ 2-HOUR Expedite
(\$500.00 additional fee)

☐ 1-HOUR Expedite
(\$1000.00 additional fee)

Order Information:

Date of Request: 11-3-2015

Entity Name: NAC Foundation, LLC

File Number: E0078382014-6

Phone: 361-244-0156

Contact Name: Rowland M. Andrade

Email Address: monex247@yahoo.com

Address: 7495 W. Azure Dr. Las Vegas NV 89130

RECEIVED

NOV 30 2015

Secretary of State

Return Delivery: (email or fax options do not receive a copy via mail; must be ordered separately)

☐ Email to:

☐ Fax to:

☒ Hold for Pick Up

☐ Mail to Address Above

☐ FedEx: Acct #

☐ Other: (explain below)

Ship Type:

Reno Carson

Order Details:
Filed Documents:

Type of Copies Ordered:

☐ Plain ☐ Certify as a packet ☒ Certify each filing

(Please indicate the number of copies being requested below)

Articles 1 Document #

List(s) Document #

All Amendments

Entire File (includes All Documents on File for Entity) # of Copies:

Indicate additional document numbers below or attach a separate page

Search Copies Requested:

☐ Search

Business License

NV Business ID #

Certificates: (Indicate number being requested)

Ceremonial

Good Standing Short Long

Certificate of Status

Charter

Apostille 1

Country document will be used Poland

Other Certificates

Please note: Documents requiring an Apostille must be certified. Separate fees and expedite fees for copies and certificates apply. See attached fee schedule or contact customer service at (775) 684-5708 with any questions.

ORDERS CANNOT BE CHANGED OR CANCELED ONCE THEY ARE SUBMITTED.

Total Amount: 262

Method of Payment:
☐ Check/Money Order ☒ Credit/Debit Card (attach a Payment checklist)

☐ Trust Account:

☐ Use balance remaining in job #

Nevada Secretary of State Customer Copies Order
Revised: 2-2-15

FBI-PHY3-0035586

EX544-033

STATE OF NEVADA
Secretary of State
I hereby certify that this is a true and
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APR 02 2018

Barbara K. Capovilla
Barbara K. Capovilla
by *[Signature]*

FBI-PHY3-0035587

EX544-034

STATE OF NEVADA

ROSS MILLER
Secretary of State

SCOTT W. ANDERSON
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4069
Telephone (775) 684-5708
Fax (775) 684-7138

KAYLA D DICKSON
CANE CLARK LLP
3273 E. WARM SPRINGS ROAD
LAS VEGAS, NV 89120

Job: C20140620-1506
June 20, 2014

Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Cert of Existence (good standing - short form)	00000121316-74	4/8/2005 2:15:31 PM	1	\$50.00	\$50.00
Total					\$50.00

Payments

Type	Description	Amount
Credit	020564 14062028483366	\$50.00
Total		\$50.00

Credit Balance: \$0.00

Job Contents:

Web Certificate of Good Standing 1
Short(s):

KAYLA D DICKSON
CANE CLARK LLP
3273 E. WARM SPRINGS ROAD
LAS VEGAS, NV 89120

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APR 02 2018


Barbara K. Cogswell

FBI-PHY3-0035589

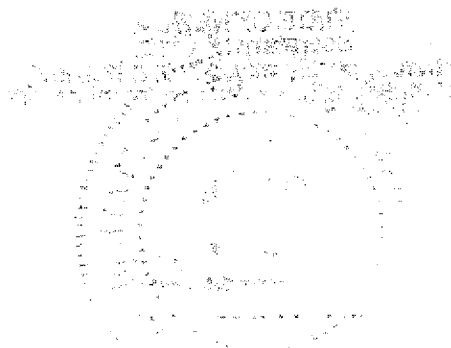
EX544-036

Payment Confirmation Report

Name: Robert Harris
Email: nevada1best@aol.com
Address: 564 WEDGE LN., FERNLEY, NV 89408
Confirmation ID: Z83CR

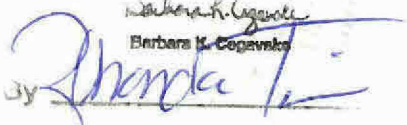
Closed Line Items

Item	Qty	Unit Price	Subtotal
New Limited Liability Company (NRS86) for 'NAC FOUNDATION, LLC'			\$75.00
Articles of Organization	1	\$75.00	
Job Number: C20140213-2055			
Billed Person: NBI			
Billing Address: 564 WEDGE LANE, FERNLEY, NV 89408			
Payment Type: CreditDebitCard			
Payment Date: 02/13/2014			
Payment Status: SUCCESS			
Card Type: VISA			
Last 4 of Account or Card Number 5357			
Paypoint Authorization Code: 170069			
Paypoint Confirmation Number: 14021311572389			
Agency Commit Status: Completed			
Total:			\$75.00



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Barbara K. Copevick
Barbara K. Copevick
By 

FBI-PHY3-0035591

EX544-038

Payment Confirmation Report

Name: Marcus Andrade
 Email: monex247@yahoo.com
 Address: 564 WEDGE LN., FERNLEY, NV 89408-9408
 Confirmation ID: ZJAQF

Closed Line Items

Item	Qty	Unit Price	Subtotal
Initial List for 'NAC FOUNDATION, LLC'			\$325.00
Initial List	1	\$125.00	
Business License 2/2014-2/2015	1	\$200.00	
Job Number: C20140329-0651 Billed Person: Marcus Andrade Billing Address: 564 WEDGE LN., FERNLEY, NV 89408-9408 Payment Type: CreditDebitCard Payment Date: 03/29/2014 Payment Status: SUCCESS Card Type: VISA Last 4 of Account or Card Number 0667 Paypoint Authorization Code: 573157 Paypoint Confirmation Number: 14032917383415 Agency Commit Status: Completed			
Certificate of Good Standing for 'NAC FOUNDATION, LLC'			\$50.00
Certificate of Existence (evidence of good standing - short form)	1	\$50.00	
Job Number: C20140329-0652 Billed Person: Marcus Andrade Billing Address: 564 WEDGE LN., FERNLEY, NV 89408-9408 Payment Type: CreditDebitCard Payment Date: 03/29/2014 Payment Status: SUCCESS Card Type: VISA Last 4 of Account or Card Number 0667 Paypoint Authorization Code: 613825 Paypoint Confirmation Number: 14032917383416 Agency Commit Status: Completed			
Total:			\$375.00

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Barbara K. Cegorato
Barbara K. Cegorato

FBI-PHY3-0035593

EX544-040

Payment Confirmation Report

Name: Marcus Andrade
Email: monex247@yahoo.com
Address: 564 WEDGE LN., FERNLEY, NV 89408-9408
Confirmation ID: TXZX8

Closed Line Items

Item	Qty	Unit Price	Subtotal
Certificate of Good Standing for 'NAC FOUNDATION, LLC'			\$50.00
<i>Certificate of Good Standing</i>	1	\$50.00	
Job Number: C20170901-0011			
Billed Person: Marcus Andrade			
Billing Address: 2915 MANION DR., MISSOURI CITY, TX 77459-0156			
Payment Type: CreditDebitCard			
Payment Date: 09/01/2017			
Payment Status: SUCCESS			
Card Type: MASTERCARD			
Last 4 of Account or Card Number 7092			
Paypoint Authorization Code:			
Paypoint Confirmation Number:			
Agency Commit Status: Completed			
Total:			\$50.00

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Barbara K. Capavola
Barbara K. Capavola
Rhonda T.

FBI-PHY3-0035595

EX544-042

Payment Confirmation Report

Name: Robert Harris
Email: nevada1best@aol.com
Address: 564 WEDGE LN., FERNLEY, NV 89408
Confirmation ID: ZWJXV

Closed Line Items

Item	Qty	Unit Price	Subtotal
Certificate of Good Standing for 'NAC FOUNDATION, LLC'			\$50.00
<i>Certificate of Existence (evidence of good standing - short form)</i>	1	\$50.00	
Job Number: C20140804-2258 Billed Person: Rowland Andrade Billing Address: 1909 HAMMAN ROAD, #219, BAY CITY, TX 77414 Payment Type: CreditDebitCard Payment Date: 08/04/2014 Payment Status: SUCCESS Card Type: MC Last 4 of Account or Card Number: 1116 Paypoint Authorization Code: 4669A7 Paypoint Confirmation Number: 14080434630658 Agency Commit Status: Completed			
Total:			\$50.00

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Barbara K. Copevale
Barbara K. Copevale
3y *Shonda*

FBI-PHY3-0035597

EX544-044

Payment Confirmation Report

Name: Robert Harris
Email: nevada1best@aol.com
Address: 564 WEDGE LN., FERNLEY, NV 89408
Confirmation ID: 3ZYWW

Closed Line Items

Item	Qty	Unit Price	Subtotal
Annual List for 'NAC FOUNDATION, LLC'			\$325.00
Annual List	1	\$125.00	
Business License	1	\$200.00	
<div>Job Number: C20150227-2401</div> <div>Billed Person: Rowland Andrade</div> <div>Billing Address: 564 WEDGE LN, FERNLEY, NV 89408-9408</div> <div>Payment Type: CreditDebitCard</div> <div>Payment Date: 02/27/2015</div> <div>Payment Status: SUCCESS</div> <div>Card Type: VISA</div> <div>Last 4 of Account or Card Number 7794</div> <div>Paypoint Authorization Code: 015015</div> <div>Paypoint Confirmation Number: 15022762406717</div> <div>Agency Commit Status: Completed</div>			
Total:			\$325.00

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APR 02 2018

Barbara K. Cepavake
Barbara K. Cepavake
Rhonda T.

FBI-PHY3-0035599

EX544-046

Payment Confirmation Report

Name: Robert Harris
Email: nevada1best@aol.com
Address: 564 WEDGE LN., FERNLEY, NV 89408
Confirmation ID: TZKFU

Closed Line Items

Item	Qty	Unit Price	Subtotal
Annual List for 'NAC FOUNDATION, LLC'			\$525.00
Annual List	1	\$150.00	
Annual List Late Fee	1	\$75.00	
Business License	1	\$200.00	
Business License Late Fee	1	\$100.00	
<div>Job Number: C20170802-1991</div> <div>Billed Person: Marcus Andrade</div> <div>Billing Address: 2115 MANION DR., MISSOURI CITY, TX 77459</div> <div>Payment Type: CreditDebitCard</div> <div>Payment Date: 08/02/2017</div> <div>Payment Status: SUCCESS</div> <div>Card Type: MASTERCARD</div> <div>Last 4 of Account or Card Number 7092</div> <div>Paypoint Authorization Code:</div> <div>Paypoint Confirmation Number:</div> <div>Agency Commit Status: Completed</div>			
Total:			\$525.00

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Barbara K. Cogswell
Barbara K. Cogswell
by *Rhonda*

FBI-PHY3-0035601

EX544-048

Payment Confirmation Report

Name: SHEILA SNEED
 Email: SSNEED@DSALMONLAW.COM
 Address: 7495 WEST AZURE DR. SUITE 224, LAS VEGAS, NV 89130
 Confirmation ID: TCGWK

Closed Line Items

Item	Qty	Unit Price	Subtotal
Annual List for 'NAC FOUNDATION, LLC'			\$525.00
Annual List	1	\$150.00	
Annual List Late Fee	1	\$75.00	
Business License	1	\$200.00	
Business License Late Fee	1	\$100.00	
Job Number: C20180309-0527 Billed Person: SHEILA R SNEED Billing Address: 7495 WEST AZURE DR., LAS VEGAS, NV 89130 Payment Type: CreditDebitCard Payment Date: 03/09/2018 Payment Status: SUCCESS Card Type: MASTERCARD Last 4 of Account or Card Number 4607 Paypoint Authorization Code: Paypoint Confirmation Number: Agency Commit Status: Completed			
Total:			\$525.00

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Barbara K. Cogswell
Barbara K. Cogswell
by *Rhonda T.*

FBI-PHY3-0035603

EX544-050

ORIGIN ID: CSNA (775) 684-5708
RHONDA TUIN
SECRETARY OF STATES OFFICE
201 N CARSON ST

CARSON CITY, NV 89701
UNITED STATES US

SHIP DATE: 02APR18
ACTWGT: 1.00 LB
CAD: 2117878/NET3980

BILL SENDER

TO KATHERINE E. ABLETT
FEDERAL BUREAU OF INVESTIGATION
450 GOLDEN GATE AVENUE 13TH FLOOR

SAN FRANCISCO CA 94102

(415) 558-2558

REF: SUBPOENA

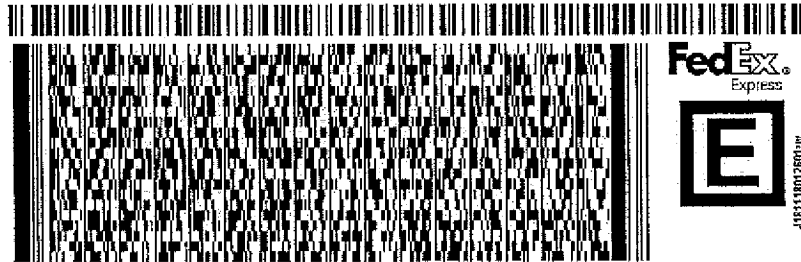
INV:

PO:

DEPT:

552J1/8132DCA5

FedEx Ship Manager - Print Your Label(s)



TUE - 03 APR 10:30A
PRIORITY OVERNIGHT

TRK# 7718 8892 2803
0201

WA APCA

94102
CA-US SFO



4/2/2018

FBI-PHY3-0035604

EX544-051